

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

07

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		
2010		36217.90
(b) Cash on Hand at Beginning of Reporting Period	99614.82	
(c) Total Receipts (from Line 19)	19100.00	85100.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118714.82	121317.90
7. Total Disbursements (from Line 31)	24198.32	26801.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	94516.50	94516.50
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5100.00	5100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5100.00	5100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	14000.00	30000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19100.00	35100.00
12. Transfers From Affiliated/Other Party Committees	0.00	50000.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19100.00	85100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19100.00	85100.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	9198.32	11801.40	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	9198.32	11801.40	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24198.32	26801.40	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24198.32	26801.40	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19100.00	35100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19100.00	35100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9198.32	11801.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9198.32	11801.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 12

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 14th St NW
Suite 1100

City State Zip Code
Washington DC 20005-5627

FEC ID number of contributing
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 00706.C1027

Amount of Each Receipt this Period

1500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

AT&T Federal PAC

Mailing Address 1401 I St NW
Suite 1100

City State Zip Code
Washington DC 20005-2296

FEC ID number of contributing
federal political committee.

C C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 00519.C1024

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Honeywell International PAC

Mailing Address 101 Constitution Ave NW Ste 500W
Suite 500W

City State Zip Code
Washington DC 20001-2177

FEC ID number of contributing
federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00706.C1028

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

The Travelers Companies, Inc. PAC

Mailing Address 1 Tower Sq

City

Hartford

State

CT

Zip Code

06183-0001

FEC ID number of contributing
federal political committee.

C

C00376376

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 0

Transaction ID: 00519.C1025

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

14000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Terri Chancellor

Mailing Address 7700 Henze Rd

City

Evansville

State

IN

Zip Code

47720-1972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4100.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 00706.C1026

Amount of Each Receipt this Period

4100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Phil Melugin

Mailing Address 5853 S Northern Ridge Rd

City

Springfield

State

MO

Zip Code

65810-1976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrity Homecare

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00706.C1029

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

5100.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 77042	Transaction ID: 00519.E1852 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 1 0</div> </div>
City Madison State WI Zip Code 53707-1042 Purpose of Disbursement See Below-No Itemization Necessary Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>51.85</div> SEE BELOW-NO ITEMIZATION NECESSARY
B. Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement See Below-No Itemization Necessary Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 00519.E1857 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>24.44</div> SEE BELOW-NO ITEMIZATION NECESSARY
C. Full Name (Last, First, Middle Initial) Thompson Communications Mailing Address P.O. Box 5 City Marshfield State MO Zip Code 65706-0005 Purpose of Disbursement See Below Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: 00406.E1849 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>5303.13</div> SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

5379.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Keri Ann Hayes

Mailing Address 202 11th St NE

City Washington State DC Zip Code 20002-6218

Purpose of Disbursement
PAC Salary & Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00406.E1850

Date of Disbursement

04 / 05 / 2010

Amount of Each Disbursement this Period

5002.95

[MEMO ITEM]

MEMO: PAC SALARY & BENEFITS

B.

Full Name (Last, First, Middle Initial)
Thompson Communications

Mailing Address P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement
See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00519.E1855

Date of Disbursement

05 / 10 / 2010

Amount of Each Disbursement this Period

1768.61

SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Keri Ann Hayes

Mailing Address 202 11th St NE

City Washington State DC Zip Code 20002-6218

Purpose of Disbursement
PAC Salary & Benefits

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 00519.E1856

Date of Disbursement

05 / 10 / 2010

Amount of Each Disbursement this Period

1768.61

[MEMO ITEM]

MEMO: PAC SALARY & BENEFITS

SUBTOTAL of Disbursements This Page (optional)

1768.61

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Professional Data Services, Inc.

Mailing Address 264 N Lumpkin St # 202

City Athens State GA Zip Code 30601-2742

Purpose of Disbursement
Compliance Consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00519.E1854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

COMPLIANCE CONSULTING

B.

Full Name (Last, First, Middle Initial)
Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC Office Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00519.E1859

Date of Disbursement

/ /

Amount of Each Disbursement this Period

PAC OFFICE RENT

SUBTOTAL of Disbursements This Page (optional)

2008.32

TOTAL This Period (last page this line number only)

9156.35

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
 Georgians for Isakson

Mailing Address PO Box 250116

City Atlanta State GA Zip Code 30325-1116

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 JOHN HARDY ISAKSON

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
 Type

Transaction ID: 00706.E1863

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
 Grassley Committee, Inc.

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304-1000

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 CHARLES E GRASSLEY

Office Sought: ☐ House
☒ Senate
☐ President

State: IA District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
 Type

Transaction ID: 00706.E1862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
 Team Emerson

Mailing Address 507 Capitol Ct NE Ste 100

City Washington State DC Zip Code 20002-7705

Purpose of Disbursement

Candidate Name
 JO ANN EMERSON

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 08

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
 Type

Transaction ID: 00706.E1864

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00